



COMBINED NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Send to: Missouri Department of Natural Resources, Waste Management Program, P.O. Box 176, Jefferson City, MO 65102

For Official Use Only

Comments

[illegible]

I. Name of Installation

E	X	E	C	U	T	I	V	E		O	F	F	I	C	E		B	U	I	L	D	I	N
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II. Installation Mailing Address

Street or P.O. Box

[illegible]

ZIP Code

0

III. Location of Installation

Street or Route Number

[illegible]

ZIP Code

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

[illegible]

1 0 0

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership *enter code*[illegible]

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter "X" and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On-site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

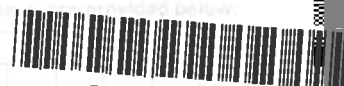
VIII. Mode of Transportation (*transporters only — enter 'X' in the appropriate box(es)*)

- ☐
- A. Air
- ☐
- B. Rail
- ☐
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification. If this is not your first notification, enter your installation's EPA ID Number.

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)



R00183232

RCRA RECORDS CENTER

le on reverse

C
WT/A
C**X. Description of Hazardous Wastes (continued from front)**

A. Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.

WASTE ID #

F 0 0 2

AMOUNT AND
FREQUENCY

1800 lbs. B

lbs.

lbs.

lbs.

B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE ID #

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

C. Commercial Chemical Product Wastes (U and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Below each number, enter monthly generation amount in pounds and frequency A, B, or C.

WASTE ID #

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

D. (Reserved)

E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'x' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.

AMOUNT AND
FREQUENCY1. Ignitable
(0001)

lbs.

X 2. Corrosive
(0002)

500 lbs. C

3. Reactive
(0003)

lbs.

4. Toxic

Enter the four-digit number which identifies each characteristic toxic waste. Below each number enter the monthly generation amount and frequency.

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

MISSOURI REQUIRED INFORMATION

MO Generator ID Number

Principle Business Activity Property Management/RealityS.I.C. Code (leave blank if uncertain) 6 5 3 1Check this box if you generate/accumulate less than a regulated quantity ☐**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name And Official Title (Type Or Print)

Date Signed

Ms. Gerry Wood Building Mgr.

10/12/87